

ESHB 2016 - H AMD 500

By Representative Jenkins

ADOPTED 06/06/2013

1 On page 3, line 22, after "rule." insert "For purposes of this
2 chapter, any hospital shall continue to be treated as a certified
3 public expenditure hospital for assessment and payment purposes
4 through the date specified in RCW 74.60.901."

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6 On page 13, line 36, after "assessment" insert ". Each quarterly
7 assessment shall be one quarter"

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9 On page 14, line 3, after "assessment" insert "of one quarter"

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11 On page 14, line 4, after "assessment" insert "of one quarter"

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13 On page 14, line 6, after "assessment" insert "of one quarter"

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15 On page 14, line 9, after "assessment" insert "of one quarter"

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17 On page 22, line 3, after "medicaid" insert "and state children's
18 health insurance program"

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20 On page 23, line 1, after "medicaid" insert "and state children's
21 health insurance program"

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23 On page 29, line 22, after "2013." insert "Subsequent payments
24 shall be made quarterly."

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26 On page 30, line 3, after "74.60.050." insert the following:

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1 "Further, in the event a managed care organization is legally
2 obligated to repay amounts distributed to hospitals under this section
3 to the state or federal government, a managed care organization may
4 recoup the amount it is obligated to repay under the medicaid program
5 from individual hospitals by not more than the amount of overpayment
6 each hospital received from that managed care organization."

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8 On page 30, beginning on line 27, after "provisions" strike all
9 material through "hospitals" on line 32

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11 On page 35, line 25, after "levels," strike "as specified in this
12 chapter" and insert "which results from the elimination of assessment
13 supported rate restorations and increases"
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EFFECT:

Specifies that any hospital participating in the Certified Public Expenditure (CPE) program from the effective date of the act to July 1, 2017, will continue to be treated as a CPE hospital until the act expires.

Specifies that quarterly assessments will be for one quarter of the annual assessment.

Specifies that the size of a grant to a CPE hospital or an access payment to a critical access hospital will be proportional to the hospital's State Children's Health Insurance Program payments along with its Medicaid payments.

Specifies that the Health Care Authority (HCA) will provide increased capitation payments on a quarterly basis.

Allows a managed care organization to recoup an overpayment from a hospital if the managed care organization is legally obligated to repay that amount to the state or federal government.

Removes the requirement that managed care plans must provide quarterly reports on distributions of payments to hospitals.

Clarifies that hospitals may agree not to challenge rate reductions resulting from the elimination of assessment supported rate restorations and increases in exchange for promises from the Health Care Authority not to increase assessments or reduce payments.

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